

UNITED STATES DISTRICT COURT DISTRICT OF MINNESOTA (Rev. 03/2018)		TRANSCRIPT ORDER <i>CJA counsel please complete an AUTH24 in CJA eVoucher</i> <i>Please read instructions on next page.</i>					COURT USE ONLY NOTES:						
1a. CONTACT PERSON FOR THIS ORDER Christina M. Hartman		2a. CONTACT PHONE NUMBER 952-896-3368			3. CONTACT EMAIL ADDRESS Chartman@larkinhoffman.com								
1b. ATTORNEY NAME (if different) John A. Cotter		2b. ATTORNEY PHONE NUMBER 952-896-3340			3. ATTORNEY EMAIL ADDRESS Jcotter@larkinhoffman.com								
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) John A. Cotter Larkin Hoffman 8300 Norman Center Drive, Suite 1000 Minneapolis, MN 55437			5. CASE NAME (Include defendant number, for criminal cases only) Duryea, et al. v. Agri Stats, et al.			6. CASE NUMBER 18-cv-1776 (JRT/HB)							
			8. THIS TRANSCRIPT ORDER IS FOR (CHECK ALL THAT APPLY):			CJA: <u>Do not use this form; use AUTH24 in CJA.</u> <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> In forma pauperis (NOTE: Court order for TRANSCRIPTS must be attached) <input type="checkbox"/> Standing Order (MDL only)							
7. COURT REPORTER NAME, if applicable Renee Rogge													
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:													
a. HEARING(S) (OR PORTIONS OF HEARINGS)			b. SELECT FORMAT(S) <i>NOTE: ECF access is included.</i>			c. DELIVERY TYPE <i>Delivery times are not guaranteed.</i>							
DATE	JUDGE (initials)	PORTION <small>If requesting less than full hearing, specify portion (e.g. witness or time)</small>	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	EXPEDITED (3-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME (rough draft)
01-28-19	HB		X					X					
10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:													
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).										12. DATE			
11. SIGNATURE <u>s/John A. Cotter</u>										01/30/19			